

Provider Network Participation Policy

Blue Cross and Blue Shield of Montana Network Management Administrative Policy

Version: U007.4

Original Effective Date: 05/03/2004

Version Effective Date: 01/01/2024

Replaces: U007.3

Scope

This policy applies to the following networks:

- Montana HealthLink (PPO)
 - Federal Employee Program (FEP)
 - BCBSMT Traditional Participating Provider
 - BCBSMT Managed Care
 - Healthy Montana Kids (HMK)
 - MedicareBlue PPO (PPO Medicare Advantage)
 - Blue Focus
 - Blue Options
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Purpose

The purpose of this policy is to document the types of professional and facility Health Care Providers (providers) and specialties allowed to participate in the provider networks offered or administered by BCBSMT.

Policy

BCBSMT contracts with providers located in and licensed by the State of Montana, or in the contiguous counties bordering the state of Montana, as necessary, to provide the benefits and services described in the health plans offered or administered by BCBSMT.

BCBSMT shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable state law. Any provider alleging discrimination must submit the allegation in writing which will then be reviewed by the Director of Network Management

BCBSMT does not contract with out-of-state ancillary DME, Laboratory and Specialty Pharmacy Providers unless there is a compelling reason to do so.

BCBSMT recognizes the following provider types or specialties:

- Acupuncturist (AC)
- Ambulance – Air
- Ambulance - Ground
- Audiologist (Aud/CCCA)
- Autism DX and/or TX Agency
- Birthing Center
- Board Certified Behavior Analyst (BCBA)
- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)
- Chemical Dependency Center
- Chiropractor (DC)
- Clinical Nurse Specialist (CNS)
- Clinical Pharmacists(PharDCPP)
- Dentist (DDS/DMD)
- Dialysis Centers
- Direct Entry Midwife (DEM)
- Durable Medical Equipment (DME)
- Eating Disorders Center
- Family Planning Center
- Federally Qualified Health Center
- Hearing Aid Suppliers
- Home Health
- Hospice
- Hospital/Critical Access Hospital
- Imaging Center
- Indian Health Services Clinic
- I.V. Infusion Therapy (Home Infusion)
- Laboratory
- Licensed Addiction Counselor (LAC)
- Licensed Clinical Professional Counselor (LCPC)
- Licensed Clinical Social Worker (LCSW)
- Licensed Genetic Counselors (LGC)
- Licensed Marriage & Family Therapist (LMFT)
- Long Term Acute Care Hospital
- Mental Health Facility
- Mobile Imaging
- Naturopath (ND)
- Nurse Practitioner (NP/FNP)
- Occupational Therapist (OT)
- Optical Service and Supplies
- Optometrist (OD)
- Oral Surgery
- Physical Therapist (PT)
- Physician Assistant (PA)
- Physician (MD/DO)
- Physiological Lab
- Podiatrist (DPM)
- Prostheses, Orthotics & Pedorthoist
- Psychiatric Hospital
- Psychologist (PhD/EdD)
- Public Health Clinic
- Registered Dietician (RD)
- Rehabilitation Facility
- Residential Treatment Center
- Rural Health Clinic
- Skilled Nursing Facility
- Sleep Studies Center/Lab
- Specialty Pharmacy
- Speech Therapist (SLP/ST)
- Substance Abuse Facility
- Surgery Center
- Therapeutic Group Home (HMK only)
- Wellness Screening Vendors

BCBSMT Traditional Participating Provider Network

The BCBSMT Traditional Participating Provider Network includes all contractible provider types, **except for**:

- Direct Entry Midwife
- Federally Qualified Health Centers
- Ground Ambulance
- Hearing Aid Suppliers
- Rural Health Clinics
- Therapeutic Group Home

Credentialing is required for all provider types prior to participation in the Traditional Participating Provider Network, with the exception of the following:

- Autism DX and/or TX Agency
- Family Planning
- Public Health Department

Federal Employee Program

All FEP eligible provider types are contracted through the HealthLink PPO Network. Eligible providers may not opt out of FEP.

Montana HealthLink (PPO) Provider Network

The BCBSMT HealthLink Provider Network follows the same inclusions/exclusions for provider types as the BCBSMT Traditional Participating Provider Network.

All providers must be participating in the BCBSMT Traditional Participating Provider Network to be eligible for participation in the BCBSMT HealthLink Provider Network.

The traditional provider network is wrapped around the HealthLink PPO Provider Network to create a full network for BlueCard purposes and is defined as the BCBSMT PPO product for the purpose of BlueCard.

BCBSMT Managed Care Network

The BCBSMT Managed Care Provider Network can include all contractible provider types, **except for:**

- Dentists
- Direct Entry Midwife
- Federally Qualified Health Centers
- Ground Ambulance
- Hearing Aid Suppliers
- Rural Health Clinics
- Therapeutic Group Home

All providers, with the exception of the following, must be participating in the BCBSMT Traditional Participating Provider Network:

- Audiologist
- Chemical Dependency Center
- Mental Health Center
- Sleep Center/Lab

Credentialing is required for all providers in the Managed Care Provider Network, except for:

- Autism DX and/or TX Agency
- Essential Community Providers (ECPs)
- Public Health Department
- Family Planning

Healthy Montana Kids (HMK) Provider Network

The HMK Provider Network includes all contractible provider types, **except for:**

- Acupuncturist
- Autism DX and/or TX Agency
- Birthing Center
- Board Certified Behavioral Analyst
- Clinical Pharmacists
- Direct Entry Midwife
- Durable Medical Equipment (DME)
- Federally Qualified Health Centers (FQHC)
- Ground Ambulance
- Hearing Aid Suppliers
- I.V. Infusion Therapy (Home Infusion)
- Licensed Genetic Counselors
- Naturopath
- Physiological Lab
- Prostheses, Orthotics & Pedorthists
- Rural Health Clinic (RHC)
- Skilled Nursing Facility
- Wellness Screening Vendors

HMK providers are not required to participate in the BCBSMT Traditional Participating Provider Network.

Credentialing is required for all physicians who participate in the HMK Provider Network. Provider Enrollment & Screening in compliance with 42 CFR 455 Subparts must be completed by all provider types as applicable.

**MedicareBlue
PPO Provider
Network
(Medicare
Advantage)**

The BCBSMT MedicareBlue PPO Provider Network includes all contractible provider types, **except for:**

- Acupuncturist
- Applied Behavioral Analyst
- Autism DX and/or TX Agency
- Birthing Center
- Clinical Pharmacists
- Dentists
- Direct Entry Midwife
- Eating Disorders Center
- Family Planning
- Hearing Aid Suppliers
- Hospice
- Licensed Addiction Counselor
- Licensed Genetic Counselor
- Naturopaths
- Public Health Departments
- Residential Treatment Center
- Therapeutic Group Home
- Wellness Screening Vendors

Credentialing is required for all provider types in the BCBSMT MedicareBlue PPO Provider Network except for Ground Ambulance.

**Blue Focus
POS Provider
Network**

The BCBSMT Blue Focus Point of Service (POS) Provider Network is by invite only and is specific to the following counties: Carbon, Cascade, Gallatin, Lake, Lewis and Clark, Missoula, Musselshell, Stillwater, Sweetgrass and Yellowstone. Please contact your Provider Network Consultant for more information.

Credentialing is required for all provider types in the BCBSMT Blue Focus POS Provider Network except for Autism DX and/or TX Agency and Essential Community Providers (ECPs).

**Blue Options
POS Provider
Network**

The BCBSMT Blue Options Point of Service (POS) Provider Network is by invite only and is specific to the following counties: Beaverhead, Cascade, Carbon, Deer Lodge, Lake, Lewis and Clark, Missoula, Musselshell, Park, Ravalli, Silver Bow, Stillwater, Sweetgrass and Yellowstone. Please contact your Provider Network Consultant for more information.

Credentialing is required for all provider types in the BCBSMT Blue Options POS Provider Network except for Autism DX and/or TX Agency and Essential Community Providers (ECPs)

**Formal Review
or Revision
Date History**

This policy was reviewed or revised, and approved as documented below:

Version and Approval Date		Version and Approval Date		Version and Approval Date	
V-01	05/03/2004	V-02	10/12/2004	V-03	03/28/2005
V-04	03/13/2006	V-05	9/17/2008	V-06	11/1/2008
V-07	04/22/2009	V-7.2	05/27/2009	V-08	09/23/2013
V-09	01/05/2016	V-10	08/14/2019	V-11	11/13/2019
U007	07/31/2020	U007.1	9/13/2022	U007.2	01/10/2023
U007.3	04/11/2023	U007.4	12/21/2023		

Governance

Responsibility for adoption and/or implementation of this policy is as follows:

Executive Approval	Date
Kelli Swanson Director, Network Management	12/21/2023